

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-005786

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 6 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cape Girardeau

Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION

SEMO Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

c. CITY OR TOWN

Commerce

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

CHARLES MEREDITH BEARDSLEE

## 4. DATE OF DEATH

Month

Day

Year

Feb 24 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

Mar 7, 1879

## 9. AGE (last birthday)

82

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Jackson, Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Beardslee

## 13b. MOTHER'S MAIDEN NAME

Mary Ranney

## 14. NAME OF HUSBAND OR WIFE

Lula Beardslee

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Lula Beardslee Commerce, Mo

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Carcinoma Right Lung

## INTERVAL BETWEEN ONSET AND DEATH

6 Months

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1-27-62 to 2/24/62

and last saw him alive on 2/24/62

## Death occurred at

10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

24 No. Spring Cape Gir, Mo

## 22c. DATE SIGNED

2/28/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oakdale Cem

## 23d. LOCATION (City, town, or county)

Commerce, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

BISPLINGHOFF FUNERAL HOME Illmo. Mo

## 25. DATE RECD. BY LOCAL REG.

3-1-1962

## 26. REGISTRAR'S SIGNATURE

Irene Kasten

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Oliver C. Amick*

Licensed Embalmer No. \_\_\_\_\_

*4470*

P. O. Address \_\_\_\_\_

*Illmo. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.